

County: Milwaukee
 SOUTHPOINTE HEALTHCARE CENTER
 4500 WEST LOOMIS ROAD
 GREENFIELD 53220 Phone:(414) 325-5300
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 174
 Total Licensed Bed Capacity (12/31/02): 174
 Number of Residents on 12/31/02: 168

Facility ID: 3420

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Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 166

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			60.7
Supp. Home Care-Personal Care	No						More Than 4 Years			27.4
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	0.6				11.9
Day Services	No		Mental Illness (Org./Psy)	10.1	65 - 74	6.0				-----
Respite Care	Yes		Mental Illness (Other)	4.2	75 - 84	45.8				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	43.5				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.2				Full-Time Equivalent
Congregate Meals	No		Cancer	1.8		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	23.8		100.0				(12/31/02)
Other Meals	No		Cardiovascular	14.3	65 & Over	99.4				-----
Transportation	No		Cerebrovascular	12.5		-----				RNs 10.1
Referral Service	No		Diabetes	3.6	Sex	%				LPNs 8.4
Other Services	Yes		Respiratory	7.7		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	22.0	Male	19.6				Aides, & Orderlies 34.9
Mentally Ill	No			-----	Female	80.4				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	1	1.1	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.6
Skilled Care	47	100.0	295	81	93.1	117	0	0.0	0	33	100.0	196	0	0.0	0	1	100.0	325	162	96.4		
Intermediate	---	---	---	5	5.7	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	3.0		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	47	100.0		87	100.0		0	0.0		33	100.0		0	0.0		1	100.0		168	100.0		

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing				Total	
Percent Admissions from:		Activities of		% Assistance of		% Totally		Number of	
Private Home/No Home Health		6.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent		Residents	
Private Home/With Home Health		0.0	Bathing	13.1	66.7	20.2		168	
Other Nursing Homes		0.3	Dressing	11.3	74.4	14.3		168	
Acute Care Hospitals		92.0	Transferring	22.6	64.3	13.1		168	
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use	17.3	67.9	14.9		168	
Rehabilitation Hospitals		0.8	Eating	70.8	22.0	7.1		168	
Other Locations		0.6	*****						
Total Number of Admissions		784	Continence	%	Special Treatments	%			
Percent Discharges To:			Indwelling Or External Catheter	6.5	Receiving Respiratory Care	5.4			
Private Home/No Home Health		31.9	Occ/Freq. Incontinent of Bladder	41.7	Receiving Tracheostomy Care	0.0			
Private Home/With Home Health		23.7	Occ/Freq. Incontinent of Bowel	30.4	Receiving Suctioning	0.0			
Other Nursing Homes		1.0			Receiving Ostomy Care	1.8			
Acute Care Hospitals		25.6	Mobility		Receiving Tube Feeding	1.8			
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained	1.2	Receiving Mechanically Altered Diets	30.4			
Rehabilitation Hospitals		0.0							
Other Locations		7.5	Skin Care		Other Resident Characteristics				
Deaths		10.3	With Pressure Sores	5.4	Have Advance Directives	100.0			
Total Number of Discharges			With Rashes	3.0	Medications				
(Including Deaths)		777			Receiving Psychoactive Drugs	48.2			

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		95.4	81.9	1.16	88.6	1.08	84.2	1.13	85.1 1.12
Current Residents from In-County		95.2	83.1	1.15	85.4	1.12	85.3	1.12	76.6 1.24
Admissions from In-County, Still Residing		12.2	18.8	0.65	18.6	0.66	21.0	0.58	20.3 0.60
Admissions/Average Daily Census		472.3	182.0	2.60	203.0	2.33	153.9	3.07	133.4 3.54
Discharges/Average Daily Census		468.1	180.8	2.59	202.3	2.31	156.0	3.00	135.3 3.46
Discharges To Private Residence/Average Daily Census		260.2	69.3	3.76	76.5	3.40	56.3	4.62	56.6 4.60
Residents Receiving Skilled Care		97.0	93.0	1.04	93.5	1.04	91.6	1.06	86.3 1.12
Residents Aged 65 and Older		99.4	87.1	1.14	93.3	1.07	91.5	1.09	87.7 1.13
Title 19 (Medicaid) Funded Residents		51.8	66.2	0.78	57.0	0.91	60.8	0.85	67.5 0.77
Private Pay Funded Residents		19.6	13.9	1.42	24.7	0.79	23.4	0.84	21.0 0.93
Developmentally Disabled Residents		0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1 0.00
Mentally Ill Residents		14.3	30.2	0.47	28.5	0.50	32.8	0.44	33.3 0.43
General Medical Service Residents		22.0	23.4	0.94	28.9	0.76	23.3	0.95	20.5 1.07
Impaired ADL (Mean)		43.6	51.7	0.84	50.9	0.86	51.0	0.85	49.3 0.88
Psychological Problems		48.2	52.9	0.91	52.9	0.91	53.9	0.89	54.0 0.89
Nursing Care Required (Mean)		6.0	7.2	0.83	6.8	0.88	7.2	0.83	7.2 0.83